



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: MONITORING AND QUALITY IMPROVEMENT POLICY 4.08  
OF ADULT FAMILY HOME SERVICES

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Authority: RCW 70.129  
Chapter 388-71 WAC  
Chapter 388-72A WAC  
Chapter 388-76 WAC

**BACKGROUND**

While the Residential Care Services Division (RCS) is responsible for the oversight of the Adult Family Home license and contract, the Division of Developmental Disabilities (DDD) is responsible for the quality and oversight of the services provided to individuals funded by DDD and living in adult family homes (AFH).

**PURPOSE**

To ensure persons with developmental disabilities living in adult family homes receive quality services through case management and quality improvement oversight and support of the AFH providers.

**SCOPE**

This policy applies to all case resource managers who authorize or monitor adult family home services.

**POLICY**

Case resource managers will comply with state rules (WACs) and policies governing adult family homes and Medicaid Personal Care (MPC) services when providing services to residents of adult family homes.

**PROCEDURES**

- A. Case resource managers (CRM) will perform the following activities for all DDD AFH residents eligible for personal care services:
1. Complete a Comprehensive Assessment Reporting Evaluation (CARE) as required by Chapter 388-72A WAC.
  2. Provide input to the negotiated care plan developed by the AFH provider with the DDD resident, as requested.
  3. Review the Negotiated Care Plans submitted by the AFH provider and follow-up on any concerns.
  4. Share incidents and concerns with the regional AFH Quality Improvement Resource Manager (QIRM) and/or ADSA Residential Care Services (RCS).
  5. Complete an annual face-to-face CARE assessment with the client at least every twelve months.
  6. Complete a CARE assessment when there is a significant change in the client's functional needs.
- B. **Quality Improvement Resource Managers (QIRM)** will provide support and oversight to the AFH providers to enhance the health, safety, and quality of life of the DDD residents in these homes. The QIRMs may:
1. Review AFH services and authorizations in relationship to existing WAC and department regulations and policies.
  2. Maintain a computer data system for tracking QI visits and placements to AFHs, AFH specialty training, and technical assistance;
  3. Provide consultation and assistance to CRMs regarding AFHs;
  4. Visit each AFH at least once per year to review the quality of AFH services to DDD residents. Visit more often if the provider or resident concerns warrant it;
  5. Provide and document feedback to the provider verbally or in writing;
  6. Notify RCS and other appropriate staff and individuals when concerned about the AFH provider or resident;

7. Review, follow-up, and coordinate AFH incident reports with DDD staff;
8. Review completed RCS complaint investigation reports.
9. Provide AFH applicants with information and AFH providers with technical assistance and consultation;
10. Coordinate/schedule DDD AFH trainings; and/or
11. Be a DDD Liaison with regional ADSA/RCS staff and AFH associations.

**EXCEPTIONS**

None.

**SUPERSESION**

DDD Policy 4.08  
Issued May 8, 2000

DDD Policy 4.08  
Issued March 14, 1998

DDD Policy 4.08  
Issued March 25, 1997

Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

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